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APPLICANTS

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a.v. ** CONTINUING DATA ***** 60/564,185 04/21/2004

This appln claims benefit of 60/564,185 04/09/2004 *

~~(*) Data provided by applicant is not consistent with PTO records.~~

a.v. ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS X5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

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TITLE

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FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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